

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying
officer before opening the campaign account.**

RECEIVED
TALLAHASSEE
LEON COUNTY

2023 FEB 24 A 11:33

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Jacqueline "Jack" Porter

3. Address (include post office box or street, city, state, zip code)

115 N Franklin Blvd, Apt B, Tallahassee FL 32301

4. Telephone

(954) 554-0754

5. E-mail address

jack@jackfortallahassee.com

6. Office sought (include district, circuit, group number)

Tallahassee City Commission, Seat 1

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Self *Jacqueline "Jack" Porter*

11. Mailing Address

115 N Franklin Blvd Apt B

12. Telephone

(954) 554-0754

13. City

Tallahassee

14. County

Leon

15. State

FL

16. Zip Code

32301

17. E-mail address

jack@jackfortallahassee.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

Capital City Bank

20. Address

217 N Calhoun St

21. City

Tallahassee

22. County

Leon

23. State

Florida

24. Zip Code

32301

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

02/24/2023

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, *Jacqueline "Jack" Porter*, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer.

02/24/2023

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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SUPERVISOR OF
LEON CRUM

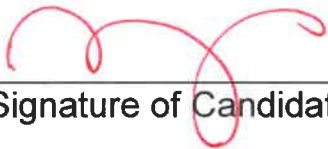
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I, Jacqueline "Jack" Porter,

candidate for the office of Tallahassee City Commission Seat 1

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X


Signature of Candidate

02/24/2023

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).